

FORM CE-802 (1-1-98)

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS

HOUSEHOLD CHARACTERISTICS QUESTIONNAIRE

CONSUMER EXPENDITURE SURVEYS

DIARY SURVEY

NOTICE - Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

1. Regional Office code REG_OFF 001	2. Control number PSU code AREA CODE Segment number Segment number suffix Sample designation Serial number Serial number suffix Check digit	3a. HH No. HH_NUM 008	3b. CU No. CU_NUM 009	4. Segment type SEGTYPE 010 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Permit 3 <input type="checkbox"/> Area 4 <input type="checkbox"/> Group Quarters	5a. Status of unit 011 1 <input type="checkbox"/> Serial no. assigned by Wash. 2 <input type="checkbox"/> Serial No. assigned by R.O.	5b. Letter sent 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7a. Extra unit Original unit serial number Original unit serial suffix	6. Earliest placement date 012 DA Y PL ACE Month Date	7b. Sheet _____ Line No. _____	7c. Extra unit No. 015 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>
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9. ADDRESS (Sheet _____ Line _____) 9a. What is your (the) exact address? House No., Street, Apt. No., or other identification Place State ZIP Code 9b. Is this also your (the) mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No - Specify below Route No., PO Box, or other identification Place State ZIP Code 9c. Group Quarters name 9d. Type code 9e. Sample number	10. YEAR BUILT <input type="checkbox"/> Ask first visit <input type="checkbox"/> DO NOT ask When was this structure originally built? <input type="checkbox"/> Before 4-1-90 Continue interview <input type="checkbox"/> After 4-1-90 Complete item 11c when required; end interview	11. COVERAGE QUESTIONS <input type="checkbox"/> Ask items that are marked <input type="checkbox"/> DO NOT ask a. Are there any occupied or vacant living quarters besides your own in this building? Y <input checked="" type="checkbox"/> N b. Are there any occupied or vacant living quarters besides your own on this floor? Y <input checked="" type="checkbox"/> N c. Is there any other building on this property for people to live in - either occupied or vacant? Y <input checked="" type="checkbox"/> N	12. LAND USE - Follow instructions for box that is marked 12a. 018 1 <input type="checkbox"/> Urban - Go to item 13 2 <input type="checkbox"/> Rural - Regular units and Group Quarters units coded 92-N or 93-N item 9d - Go to item 12b - Group Quarters units not coded 92-N or 93-N in item 9d - Mark "No" in item 12b without asking, then go to item 13. 12b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No FM_SALES
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13. CLASSIFICATION OF LIVING QUARTERS - Mark by observation 13a. FIELD REPRESENTATIVE CHECK ITEM Unit is - 020 1 <input type="checkbox"/> In a Group Quarters - Refer to the CE-350.1 and mark the appropriate box in either item 13c or item 13d. 2 <input type="checkbox"/> NOT in a Group Quarters	13b. ACCESS 021 1 <input type="checkbox"/> Direct - Go to item 13c 2 <input type="checkbox"/> Through another unit - Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if appropriate.)	13c. HOUSING unit DESCRIP 023 1 <input type="checkbox"/> House, apartment, flat 2 <input type="checkbox"/> HU, in nontransient hotel, motel, etc. 3 <input type="checkbox"/> HU, permanent in transient hotel, motel, etc. 4 <input type="checkbox"/> HU, in rooming house 5 <input type="checkbox"/> Mobile home or trailer with NO permanent room added 6 <input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added 7 <input type="checkbox"/> HU not specified above - Describe in "NOTES."	13d. Group Quarters unit 8 <input type="checkbox"/> Quarters not HU in rooming or boarding house 9 <input type="checkbox"/> Student quarters in college dormitory 10 <input type="checkbox"/> Group Quarters unit not specified above - Describe in "NOTES."
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14. UNITS IN STRUCTURE Ask if not apparent. How many housing units, both occupied and vacant, are there in this structure? 024 1 <input type="checkbox"/> Only Group Quarters units 2 <input type="checkbox"/> Mobile home or trailer 3 <input type="checkbox"/> One, detached 4 <input type="checkbox"/> One, attached 5 <input type="checkbox"/> 2 6 <input type="checkbox"/> 3 - 4 7 <input type="checkbox"/> 5 - 9 8 <input type="checkbox"/> 10 - 19 9 <input type="checkbox"/> 20 - 49 10 <input type="checkbox"/> 50 or more Go to section 1, page 2	PROCESSING USE ONLY FORMYEAR 025 9 8
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15. WEEK 1 PLACEMENT PERIOD Earliest date _____ Latest date _____	16. RECORD OF TELEPHONE CONTACT AND REASON FOR CONTACT Enter code for reason of telephone contact from list. 1 Telephone call to collect data 2 Telephone call to schedule appointment 3 Other telephone call
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Call (a)	Reason (Enter code) (b)	Field Representative Name (c)	Field Representative code (d)	SUPERVISOR'S USE R - Reint. O - Obs. (e)
1	001 PH_CAL		002 FR_COD	
2	003		004	
3	005		006	
4	007		008	
5	009		010	
6	011		012	
7	013		014	
8	015		016	
9	017		018	
10	019		020	
11	021		022	
12	023		024	

19. DIARY START DATES WEEK 1 From Month Date Year 005 STRTMTHT STRTDAY STRTYEAR Through Month Date Year WEEK 2 From Month Date Year 006 ENDDATE Through Month Date Year 007	20. FINAL INTERVIEW STATUS - Enter the appropriate code (01-19) for both placement and pickup for each week. Code 01 - Diary placed or completed NONINTERVIEW CODES Type A 02 - No one home (unable to contact) 03 - Temporarily absent during ENTIRE reference week 04 - Refused 05 - Other - Specify _____ Type B 06 - Vacant (for rent) 07 - Vacant (for sale) 08 - Vacant (other) 09 - Occupied by persons with URE 10 - Under construction, not ready 11 - Other - Specify _____ Type C 12 - Demolished 13 - House or mobile home moved 14 - Converted to permanent nonresidential use 15 - Merged 16 - Condemned 17 - Located on military base (post) 18 - CU moved 19 - Other - Specify _____
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WEEK 1 DIARY PLACEMENT 009 _____ Code INT_STAT If code is 01-05, enter month and date. If code is 02-05, mark race and enter number of household members and tenure code from item 21. 010 _____ PLCE DATE Month/date of placement 011 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Eskimo, or Aleut 4 <input type="checkbox"/> Asian or Pacific Islander 012 HH_MEMQ _____ HH members 013 _____ TENURE _____ Tenure DIARY PICKUP 014 _____ Code PICK_UP If code is 01-05, enter month and date. 015 _____ PICK DATE Month/date Mark (X) appropriate box 016 1 <input type="checkbox"/> Completed by respondent 2 <input type="checkbox"/> Partial recall 3 <input type="checkbox"/> Total recall	WEEK 2 DIARY PLACEMENT 017 _____ Code If code is 01-05, enter month and date. If code is 02-05, mark race and enter number of household members and tenure code from item 21. 018 _____ Month/date of placement 019 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Eskimo, or Aleut 4 <input type="checkbox"/> Asian or Pacific Islander 020 _____ HH members 021 _____ Tenure DIARY PICKUP 022 _____ Code If code is 01-05, enter month and date. 023 _____ Month/date Mark (X) appropriate box 024 1 <input type="checkbox"/> Completed by respondent 2 <input type="checkbox"/> Partial recall 3 <input type="checkbox"/> Total recall
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21. TENURE CODES 1 - Owned 2 - Rented	22. Items on cover page to be filled for noninterviews TYPE A Item 5a Item 10 (If applicable) Item 11 (If applicable) Item 12 Item 13 Item 14 Items 16b-d Items 17-18 Item 20 Code Race HH members Tenure TYPE B Item 5a Item 10 (If applicable) Item 11 (If applicable) Items 13-14 Items 16b-d Items 17-18 Item 20, code TYPE C Item 5a Item 10 (If applicable) Item 11 (If applicable) Items 16b-d Items 17-18 Item 20, code
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Section 1 – HOUSEHOLD CHARACTERISTICS

HOUSEHOLD RECORD – FILL ITEMS 2–7b FOR ALL PERSONS LIVING OR STAYING HERE. FILL ITEMS 8g – 14 ONLY FOR MEMBERS OF THIS CU

PROCESSING USE ONLY	MEMBNO PERSON LINE NUMBER	1. WEEK 2 PLACEMENT ONLY			2. STATUS				3. HOUSEHOLD ROSTER (last name first)				4. RELATIONSHIP TO REFERENCE PERSON				6. SEX		7a. AWAY AT COLLEGE		7b. HOUSEHOLD MEMBER		8g. CONSUMER UNIT NUMBER	9. BIRTH DATE/AGE				10. RACE	11. ORIGIN	12. MARITAL STATUS		13a. ATTAINMENT		13b. ATTENDING COLLEGE	14. ARMED FORCES MEMBER
		What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home.			Enter code 1 – Deletion 2 – Addition and date change occurred				List all persons who usually live here and all persons who are temporarily absent. Be sure to include infants under 1 year of age.				Ask if not apparent. What is . . . 's relationship to (reference person)? Example: Reference person, husband, wife, son, daughter-in-law, partner, lodger, lodger's wife, etc.				Ask if not apparent Is . . . male or female?		Ask if not apparent. Are any of these persons living away at college? If YES is marked below for a person, mark NO, in item 7b without asking.		Does . . . usually live here? If NO, probe for URE			What is . . . 's date of birth? Verify age using information booklet. Example: 01-20-1983 12-01-1924				Show information booklet, page 2. What is the race of each person in this CU? Enter code from below	Show information booklet, page 3. What is . . . 's ethnic origin or descent? Enter code from below	Ask if not apparent Is . . . now – 1 – Married, 2 – Widowed, 3 – Divorced, 4 – Separated, OR 5 – Never married Enter code		Show information booklet page 3a. What is the highest level of school . . . has completed or the highest degree . . . has received? Enter code from below		Ask if code 39–46, in item 13a. Is . . . currently enrolled in a college or university either – 1 – Full-time 2 – Part-time OR 3 – Not at all Enter code	Ask if 16–65 years old. Is . . . now in the Armed Forces? 1 – Yes 2 – No Enter code
		Code	Mo.	Date	HH code	CU code	HH code	CU code	HH code	CU code	Male	Female	YES	NO	YES	NO	Mo.	Date	Year	Age				Week 1	Week 2		Update								
201	01																																		
202	02																																		
203	03																																		
204	04																																		
205	05																																		
206	06																																		
207	07																																		
208	08																																		
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210	10																																		
211	11																																		
212	12																																		
213	13																																		
214	14																																		
215	15																																		

ASK AT WEEK 1 PLACEMENT.

5a. I have listed . . . (Read names from item 3.) Have I missed –

– any babies or small children? YES NO

– anyone who usually lives here but is away now – traveling, at school, or in a hospital? YES NO

– any lodgers, boarders, or persons you employ who live here? YES NO

– anyone else staying here? YES NO

If "YES", ask name and record in roster above (item 3).
Go to item 6 above

ASK AT WEEK 2 PLACEMENT.

5b. I have listed . . . (Read names from item 3.) Are all of these persons still living or staying here? . . . YES NO

If "NO", ask:

5c. Who no longer lives here?
For each person who has left the household, enter a code "1" in item 2.

5d. Is anyone else living or staying here, including newborn babies? YES NO

If "YES", ask name and record in roster above (item 3). Enter code "2" in item 2 and complete items 4–14 for all persons as appropriate.
Go to section 1, item 17a

HOUSING UNIT COVERAGE FIELD REPRESENTATIVE CHECK ITEM

8a. Unit is –

In a Group Quarters – Go to item 8d

NOT in a Group Quarters – Go to item 8b

Ask if not apparent.

8b. Do all the persons in this household live OR eat together?

Yes

No – Neither live nor eat together – Fill Table X (page 15) for the person or group of persons not living or eating with the reference person.

Ask if not apparent.

8c. Does any other household on the property live OR eat with this household?

Yes – Redefine the unit to include space occupied by all persons who live or eat together (apply merged unit procedures if appropriate).

No – Go to item 8d

8d. FIELD REPRESENTATIVE CHECK ITEM FOR ASSIGNING CU NUMBERS

Include anyone who is a household member at time of interview.

231 Household contains only the reference person or others related to the reference person by blood, marriage, adoption, or other legal arrangements – Enter "1" in item 8g above for all household members. Go to item 8f on page 3.

Household contains one or more persons not related to the reference person by blood, marriage, adoption, or other legal arrangements – Go to item 8e on page 3

CODES FOR ITEM 10, 11, AND 13

RACE			ORIGIN			EDUCATION		
1	White		01	German	16	Central or South American	00	Never attended, preschool, kindergarten
2	Black		02	Italian	17	Other Spanish	01-11	1st grade through 11th grade
3	American Indian, Eskimo, or Aleut		03	Irish	20	Afro-American (Black or Negro)	38	12th grade NO DIPLOMA
4	Asian or Pacific Islander		04	French	26	Dutch	39	HIGH SCHOOL GRADUATE – high school DIPLOMA, or the equivalent (for example: GED)
5	Other – Specify below		05	Polish	27	Swedish	40	Some college but no degree
	Person line No. Specify race		06	Russian	28	Hungarian	41	Associate degree in college – Occupational/vocational program
			07	English	29	Don't know	42	Associate degree in college – Academic program
			08	Scottish			43	Bachelor's degree (For example: BA, AB, BS)
			09	Mexican American			44	Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
			10	Mexican			45	Professional School Degree (For example: MD, DDS, DVM, LLB, JD)
			11	Chicano			46	Doctorate degree (For example: PhD, EdD)
			12	Mexican				
			13	Puerto Rican				
			14	Cuban				
			15	Cuban				

Section 1 – HOUSEHOLD CHARACTERISTICS – Continued

8e. FINANCIAL RESPONSIBILITY	311 01	311 02	311 03	311 04	311 05
Ask first for reference person and all others related to reference person by blood, marriage, adoption or other legal arrangement. Then ask for each other person or group of related persons.	Line No.(s) 312 [] [] [] [] 314 [] [] [] []	Line No.(s) 312 [] [] [] [] 314 [] [] [] []	Line No.(s) 312 [] [] [] [] 314 [] [] [] []	Line No.(s) 312 [] [] [] [] 314 [] [] [] []	Line No.(s) 312 [] [] [] [] 314 [] [] [] []
(1) Do(es) . . . pay for all . . . housing expenses with . . . own money?	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Do(es) . . . pay for all . . . food expenses with . . . own money?	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money?	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
FIELD REPRESENTATIVE CHECK ITEM Are two or more "YES" boxes marked in items 8e, 1–3?	320 1 <input type="checkbox"/> Yes – Assign CU No. 1 in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)
8e. (4) Does all or part of the money to pay for . . . (Specify expenses with NO marked in items 8e, 1–3) come from someone in this household?	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign CU No. 1 in item 8g	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g
(5) Who is (are) that (these) person(s)?	Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g.	Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g.	Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g.	Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g.	Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g.

NOTE – If more than 4 CU's, stop interview. List the CU's on an INTER-COMM and call your office.

8f. FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit	NOTES
Read to respondent: During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of related persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses. The person(s) I'm including in your CU (is/are) – Read names of all persons listed in item 3 with the same CU marked in item 8g. Go to item 9 on previous page.	
FIELD REPRESENTATIVE CHECK ITEM Does this household contain more than one CU? 1 <input type="checkbox"/> Yes – Go to item 15a 2 <input type="checkbox"/> No – Go to item 16a	
15a. Does more than one person in this household regularly contribute to the expense of items such as food, cleaning supplies, or paper products? 330 1 <input type="checkbox"/> Yes – Go to item 15b 2 <input type="checkbox"/> No – Go to item 16a CONTRIB	b. Does one person usually make the purchases? 331 1 <input type="checkbox"/> Yes PURCH 2 <input type="checkbox"/> No – Go to item 16a If "YES" – Who? Enter line number 332 [] [] PURCHA SR NOTE – If "YES", ask the person who usually makes the purchases to record the expenses for the shared items.
16a. Are these living quarters used partly for business or rented to others? 333 1 <input type="checkbox"/> No – Go to section 2 2 <input type="checkbox"/> Part business 3 <input type="checkbox"/> Rented to others 4 <input type="checkbox"/> Both business and rented to others BUS_RENT	b. What percent of the expenses is counted as a business expense? 334 [] [] .00 Percent BUS_EXPN
ASK AT WEEK 1 AND WEEK 2 PICK-UP	
17a. Were any CU members away overnight for one day or more last week (during the diary reference period)?	WEEK 1 335 1 <input type="checkbox"/> Yes MEM_A WY 2 <input type="checkbox"/> No 336 x <input type="checkbox"/> All MEM_NU M 337 [] [] A WA Y 338 [] [] 339 [] [] WEEK 2 345 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 346 x <input type="checkbox"/> All 347 [] [] 348 [] [] 349 [] []
If "YES" – Which persons? Enter line numbers	
b. Did anyone else, such as visitors, stay here overnight for one day or more last week (during the diary reference period)?	343 1 <input type="checkbox"/> Yes GUESTS 2 <input type="checkbox"/> No 353 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
If "YES" – How many such persons? Enter the number of persons.	344 [] [] Persons GUESTSQ 354 [] [] Persons

Section 2 – CONSUMER UNIT CHARACTERISTICS (FIELD REPRESENTATIVE – Ask items 1–7 at Week 1 placement.)

Ask if not apparent from observation.

1a. Are these living quarters presently used as student housing by a college or university?

401 1 Yes – Go to item 3a
2 No ST_HOUS

b. Are your living quarters owned or being bought by you (or any members of your CU)?

402 1 Yes – Go to item 1c OWNED
2 No – Go to item 1d

c. Are these quarters owned by regular ownership or as a condominium or cooperative?

Probe:

In this survey, we consider a cooperative to be property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean? (FIELD REPRESENTATIVE: If the respondent answers "No" to the probe, try to determine whether the ownership is "regular" or "condominium" and mark the appropriate box.)

403 1 Regular ownership } Go to item 2
2 Condominium }
3 Cooperative – Read probe and then skip to item 2 TYPOWND

d. Are your living quarters rented for cash rent or occupied without payment of cash rent?

404 1 Rented for cash } Go to item 3a
2 Occupied without payment of cash rent } RENTED

Ask if "Yes" in item 1b.

2. Do you have a mortgage on this property?

405 1 Yes MORT
2 No

3a. Since the 1st of (Month, 3 months ago), what was your usual weekly expense at the grocery store or supermarket?

406 \$ _____ .00 GROCERYX
0 None – Go to item 3c

b. About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods and alcoholic beverages?

407 \$ _____ .00 NONFOODX
0 None

c. Have you (or any member of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience stores, dairy stores, vegetable stands, or farmers markets? Include any large purchases made for freezing or canning.

408 1 Yes OTHFOOD
2 No – Go to item 4a

d. What was your usual weekly expense at these places?

409 \$ _____ .00 OTHFOODX

4a. Do you own an automobile, truck, or other vehicle?

Do not include any vehicle which is used entirely for business purposes.

410 1 Yes OWN_VEH
2 No – Go to item 5a

b. How many?

411 _____ Number VEHQ

c. Is this (are any of these) vehicle(s) used partially for business?

412 1 Yes VEH_BUS
2 No – Go to item 5a

Ask if "Yes" in item 4c.

d. What percent of your total vehicle expense is counted as a business expense? Enter to nearest whole percent.

413 _____ .00 Percent BUSPCT

Ask only if preschool or school age children; otherwise mark "No".

5a. During the previous 30 days, have you (or members of your CU) purchased any meals at school or in a preschool program for preschool or school age children?

414 1 Yes
2 No – Go to item 6

b. If "Yes" – What are the names of all CU members who purchased meals at school? Enter the name of each CU member purchasing meals at school in column a, line number in column b, then ask columns c through d for each name entered.

PROCESSING USE ONLY	a	b	c	d
	Name	Enter line number from section 1, item 1	What is the usual weekly expense for the meals . . . purchased at school? SCHLNCHX	How many weeks did . . . purchase meals? SCHLNCHQ Enter number of weeks
426			\$.00	
427			\$.00	
428			\$.00	
429			\$.00	
430			\$.00	

6. What is your telephone number?

Area code | Number

7. What is the best time of day to call or visit?

_____ a.m.
_____ p.m.

FIELD REPRESENTATIVE – Explain to the respondent how to complete the diary, then leave diary for week 1.

NOTES

Section 3 – DIARY CHECK

(FIELD REPRESENTATIVE)

WEEK 1 PICKUP

WEEK 2 PICKUP

Part 1 – FOOD AWAY FROM HOME

Part 1 – FOOD AWAY FROM HOME

Now I am going to quickly go through a list of items to help you remember purchases you (or members of your CU) may have forgotten to enter in your Diary.

Now I am going to quickly go through a list of items to help you remember purchases you (or members of your CU) may have forgotten to enter in your Diary.

Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from fast food, delivery, concession stands, buffets, or cafeterias?

Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from fast food, delivery, concession stands, buffets, or cafeterias?

1 Yes 2 No 3 Don't know ANYFAST

1 Yes 2 No 3 Don't know

a Line No. LINENUM	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?		a Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?					
			Dollars	Cents	Yes	No	Dollars	Cents				Dollars	Cents	Yes	No	Dollars	Cents	Yes	No	Dollars	Cents
			101					1				2			101					1	2
102					1	2			102					1	2						
103					1	2			103					1	2						
104					1	2			104					1	2						
105					1	2			105					1	2						
106					1	2			106					1	2						
107					1	2			107					1	2						
108					1	2			108					1	2						
109					1	2			109					1	2						
110					1	2			110					1	2						

Purchased from full service restaurants where you (or members of your CU) paid for your meal after eating it?

Purchased from full service restaurants where you (or members of your CU) paid for your meal after eating it?

1 Yes 2 No 3 Don't know ANYFULL

1 Yes 2 No 3 Don't know

a Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?		a Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?					
			Dollars	Cents	Yes	No	Dollars	Cents				Dollars	Cents	Yes	No	Dollars	Cents	Yes	No	Dollars	Cents
			111					1				2			111					1	2
112					1	2			112					1	2						
113					1	2			113					1	2						
114					1	2			114					1	2						
115					1	2			115					1	2						
116					1	2			116					1	2						
117					1	2			117					1	2						
118					1	2			118					1	2						
119					1	2			119					1	2						

Section 3 – DIARY CHECK (Continued)

WEEK 1 PICKUP	WEEK 2 PICKUP
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Part 1 – FOOD AWAY FROM HOME	Part 1 – FOOD AWAY FROM HOME
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Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from vending machines or mobile vendors?	Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from vending machines or mobile vendors?
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1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know A NYVEND	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
--	--

Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?		Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?			
			Dollars	Cents	Yes	No	Dollars	Cents				Dollars	Cents	Dollars	Cents	Yes	No	Dollars	Cents
			120					1				2			120				
121					1	2			121					1	2				
122					1	2			122					1	2				
123					1	2			123					1	2				

Purchased from employer or school cafeterias?	Purchased from employer or school cafeterias?
--	--

1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know A NYCA FE	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
---	--

Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip	
			Dollars	Cents				Dollars	Cents
			128						
129				129					
130				130					
131				131					

For board or meal plan?	For board or meal plan?
--------------------------------	--------------------------------

1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know A NYBORD	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
--	--

Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip	
			Dollars	Cents				Dollars	Cents
			132						
133				133					

Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for catered affairs?	Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for catered affairs?
---	---

1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 2 3 <input type="checkbox"/> Don't know – Go to part 2 A NYAFFR	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 2 3 <input type="checkbox"/> Don't know – Go to part 2
--	--

Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?		Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?	
			Dollars	Cents	Yes	No	Dollars	Cents				Dollars	Cents	Yes	No	Dollars	Cents
			134					1				2			134		
135					1	2			135					1	2		

Section 3 – DIARY CHECK (Continued)

WEEK 1 PICKUP

WEEK 2 PICKUP

Part 2 – FOOD FOR HOME CONSUMPTION

Part 2 – FOOD FOR HOME CONSUMPTION

Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home?

Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home?

1 Yes 2 No – Go to part 3 3 Don't know – Go to part 3 A NYFOOD

1 Yes 2 No – Go to part 3 3 Don't know – Go to part 3

a Line No. LINENUM	PROCESSING USE	b Describe item purchased	c Is this item – Mark (X) one				d Total cost Do not include sales tax		a Line No.	PROCESSING USE	b Describe item purchased	c Is this item – Mark (X) one				d Total cost Do not include sales tax	
			Fresh	Frozen	Bottled or canned	Other	Dollars	Cents				Fresh	Frozen	Bottled or canned	Other	Dollars	Cents
201			1	2	3	4			201			1	2	3	4		
202			1	2	3	4			202			1	2	3	4		
203			1	2	3	4			203			1	2	3	4		
204			1	2	3	4			204			1	2	3	4		
205			1	2	3	4			205			1	2	3	4		
206			1	2	3	4			206			1	2	3	4		
207			1	2	3	4			207			1	2	3	4		
208			1	2	3	4			208			1	2	3	4		
209			1	2	3	4			209			1	2	3	4		
210			1	2	3	4			210			1	2	3	4		
211			1	2	3	4			211			1	2	3	4		
212			1	2	3	4			212			1	2	3	4		
213			1	2	3	4			213			1	2	3	4		
214			1	2	3	4			214			1	2	3	4		
215			1	2	3	4			215			1	2	3	4		
216			1	2	3	4			216			1	2	3	4		
217			1	2	3	4			217			1	2	3	4		
218			1	2	3	4			218			1	2	3	4		
219			1	2	3	4			219			1	2	3	4		
220			1	2	3	4			220			1	2	3	4		
221			1	2	3	4			221			1	2	3	4		
222			1	2	3	4			222			1	2	3	4		
223			1	2	3	4			223			1	2	3	4		
224			1	2	3	4			224			1	2	3	4		
225			1	2	3	4			225			1	2	3	4		
226			1	2	3	4			226			1	2	3	4		
227			1	2	3	4			227			1	2	3	4		
228			1	2	3	4			228			1	2	3	4		
229			1	2	3	4			229			1	2	3	4		
230			1	2	3	4			230			1	2	3	4		

Section 3 – DIARY CHECK (Continued)																	
WEEK 1 PICKUP							WEEK 2 PICKUP										
Part 3 – FOOD AND BEVERAGES PURCHASED AS GIFTS							Part 3 – FOOD AND BEVERAGES PURCHASED AS GIFTS										
Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages for someone outside your CU?							Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages for someone outside your CU?										
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 4 3 <input type="checkbox"/> Don't know – Go to part 4 A NYFDGFT							1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 4 3 <input type="checkbox"/> Don't know – Go to part 4										
a	b	c				d		a	b	c				d			
Line No. LINENUM	PROCESSING USE	Describe item purchased	Is this item – Mark (X) one PKG_TYPE				Total cost Do not include sales tax		Line No.	PROCESSING USE	Describe item purchased	Is this item – Mark (X) one				Total cost Do not include sales tax	
			Fresh	Frozen	Bottled or canned	Other	Dollars	Cents				Fresh	Frozen	Bottled or canned	Other	Dollars	Cents
			1	2	3	4						1	2	3	4		
301			1	2	3	4			301			1	2	3	4		
302			1	2	3	4			302			1	2	3	4		
303			1	2	3	4			303			1	2	3	4		
304			1	2	3	4			304			1	2	3	4		
305			1	2	3	4			305			1	2	3	4		
306			1	2	3	4			306			1	2	3	4		
WEEK 1 PICKUP							WEEK 2 PICKUP										
Part 4 – CLOTHING, SHOES, AND JEWELRY							Part 4 – CLOTHING, SHOES, AND JEWELRY										
Did you (or members of your CU) have any expenses which you did not enter in your Diary for clothing, shoes, or jewelry?							Did you (or members of your CU) have any expenses which you did not enter in your Diary for clothing, shoes, or jewelry?										
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 5 3 <input type="checkbox"/> Don't know – Go to part 5 A NYCLOTH							1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 5 3 <input type="checkbox"/> Don't know – Go to part 5										
a	b	c	d		e	a	b	c	d		e						
Line No. LINENUM	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax		Was this bought for someone outside your consumer unit? Mark (X) one	For whom was this item purchased? 1 – Male 16 or over 2 – Female 16 or over 3 – Male 2 through 15 4 – Female 2 through 15 5 – Under 2 years Enter code	Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax		Was this bought for someone outside your consumer unit? Mark (X) one	For whom was this item purchased? 1 – Male 16 or over 2 – Female 16 or over 3 – Male 2 through 15 4 – Female 2 through 15 5 – Under 2 years Enter code				
			Dollars	Cents	Yes					No	Dollars	Cents		Yes	No		
					1					2				1	2		
401					1	2					1	2					
402					1	2					1	2					
403					1	2					1	2					
404					1	2					1	2					
405					1	2					1	2					
406					1	2					1	2					
407					1	2					1	2					
408					1	2					1	2					
409					1	2					1	2					
410					1	2					1	2					

Section 3 – DIARY CHECK (Continued)

WEEK 1 PICKUP

WEEK 2 PICKUP

Part 5 – ALL OTHER PURCHASES AND EXPENSES

Part 5 – ALL OTHER PURCHASES AND EXPENSES

Did you (or members of your CU) have any expenses which you did not enter in your Diary for tobacco, gasoline, or postage stamps?

Did you (or members of your CU) have any expenses which you did not enter in your Diary for tobacco, gasoline, or postage stamps?

1 Yes 2 No 3 Don't know A NYTGPS

1 Yes 2 No 3 Don't know

a LINE No.	PROCESSING USE	b Describe item purchased	c Total cost Do not include sales tax		d Was this bought for someone outside your consumer unit? Mark (X) one		a Line No.	PROCESSING USE	b Describe item purchased	c Total cost Do not include sales tax		d Was this bought for someone outside your consumer unit? Mark (X) one	
			Dollars	Cents	Yes	No				Dollars	Cents	Yes	No
			501								1	2	501
502					1	2	502				1	2	
503					1	2	503				1	2	
504					1	2	504				1	2	
505					1	2	505				1	2	
506					1	2	506				1	2	
507					1	2	507				1	2	
508					1	2	508				1	2	
509					1	2	509				1	2	

Did you (or members of your CU) have any expenses for any other items which you may have forgotten to enter in your Diary?

Did you (or members of your CU) have any expenses for any other items which you may have forgotten to enter in your Diary?

A NYOTHER 1 Yes 2 No – Go to Field Representative instructions at bottom of page 3 Don't know – Go to Field Representative instructions at bottom of page

1 Yes 2 No – Go to Field Representative instructions at bottom of page 3 Don't know – Go to Field Representative instructions at bottom of page

a Line No.	PROCESSING USE	b Describe item purchased	c Total cost Do not include sales tax		d Was this bought for someone outside your consumer unit? Mark (X) one		a Line No.	PROCESSING USE	b Describe item purchased	c Total cost Do not include sales tax		d Was this bought for someone outside your consumer unit? Mark (X) one	
			Dollars	Cents	Yes	No				Dollars	Cents	Yes	No
			510								1	2	510
511					1	2	511				1	2	
512					1	2	512				1	2	
513					1	2	513				1	2	
514					1	2	514				1	2	
515					1	2	515				1	2	
516					1	2	516				1	2	
517					1	2	517				1	2	
518					1	2	518				1	2	

Section 4 — WORK EXPERIENCE AND INCOME

Part A FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.

<p>1. FIELD REPRESENTATIVE ITEM</p> <p><i>Enter the first name and line number of each CU member 14 years old and over.</i></p>	<p>PROCESSING USE ONLY</p> <p>a. NAME</p> <p>b. LINE NUMBER</p>	<p>601 1 PA GENUM</p> <p>602 MEMBNO</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . .</p> <p>CODE</p> <p>1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>609 WHYNOWRK Code</p>	<p>8. During the past 12 months, did . . . receive –</p> <p>a. Any Supplemental Security Income checks from the U.S. Government?</p> <p>b. Any Supplemental Security Income checks from the State or local Government?</p> <p><i>Ask if items 8a and/or 8b are marked "Yes" –</i></p> <p>How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No US_SUPP</p> <p>625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No STA_SUPP</p> <p>626 \$ SUPPX .00</p>																							
<p>2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>603 WKS_WRKD Weeks</p> <p><input type="checkbox"/> Did not work – Go to item 5</p>	<p>604 HRSPERWK Hours per week</p>	<p>6. During the past 12 months, did . . . receive any money in –</p> <p>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.</p> <p>What was the amount of income received before any deductions?</p> <p>b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p> <p>What was the amount of income or loss after expenses?</p> <p>c. Income or loss from . . . 's own farm?</p> <p>What was the amount of income or loss after expenses?</p>	<p>610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b</p> <p>611 \$ WAGEX .00</p> <p>612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c</p> <p>613 \$ BSNSX .00</p> <p>614 1 <input type="checkbox"/> Loss BSNSLOSS</p> <p>615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>616 \$ FARMX .00</p> <p>617 1 <input type="checkbox"/> Loss FARMLLOSS</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover?</p> <p><i>Ask items 9–12 only if item 6a is marked "YES".</i></p> <p><i>If 6a is marked "No," go to item 13a.</i></p>	<p>627 \$ GROSPAYX .00</p> <p>628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month PAYPERD 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																							
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>605 OCCULIST Code</p>	<p>7. During the past 12 months, did . . . receive from the U.S. Government any money –</p> <p>a. From Social Security checks?</p> <p>b. From Railroad Retirement checks?</p>	<p>606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ANYSSINC</p> <p>607 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ANYRAIL</p>	<p>10. Was there any money deducted from . . . 's last pay for –</p> <p><i>If YES – How much was deducted?</i></p> <p>a. Federal income tax?</p> <p>b. State and local income tax?</p> <p>c. Social Security including Medicare?</p> <p>d. Railroad Retirement?</p> <p>e. Government Retirement?</p> <p>f. Private pension fund?</p> <p>g. <i>Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ FEDTXX .00</td> </tr> <tr> <td>631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ STATXX .00</td> </tr> <tr> <td>633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td colspan="2" style="background-color: #cccccc;"></td> </tr> <tr> <td>634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ RRX .00</td> </tr> <tr> <td>636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ GVX .00</td> </tr> <tr> <td>638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ PVTX .00</td> </tr> <tr> <td>640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td colspan="2" style="background-color: #cccccc;"></td> </tr> </tbody> </table>	Yes	No	Amount	629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ FEDTXX .00	631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ STATXX .00	633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ RRX .00	636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ GVX .00	638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ PVTX .00	640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
Yes	No	Amount																											
629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ FEDTXX .00																											
631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ STATXX .00																											
633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																													
634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ RRX .00																											
636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ GVX .00																											
638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ PVTX .00																											
640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																													
<p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</p> <p><i>Enter one code.</i></p> <p>Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>607 EMPLTYPE Code</p> <p><i>Ask if code 5 and not a farm – Is the business incorporated?</i></p> <p>608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCORP</p>	<p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</p> <p><i>Ask if item 10c or 10g is marked "Yes" –</i></p>	<p>641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No MEDICOV</p>	<p>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</p>	<p>642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No EMPLCONT</p>																								
<p>b. Was . . .</p> <p>CODE</p> <p>1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A FEDERAL government employee? 3 – A STATE government employee? 4 – A LOCAL government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>620 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>621 \$ SS_RRX .00</p> <p>622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No MEDICARE</p> <p>623 SS_RRQ Number</p>	<p>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.</p> <p>b. <i>Ask if item 13a is marked "Yes" – How much?</i></p>	<p>643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No IRA</p> <p>644 \$ IRAX .00</p>	<p>14. FIELD REPRESENTATIVE CHECK ITEM</p> <p>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p>645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used RECSUSED</p>																								

Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part A		<i>FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i>																																																									
1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	[601] 2 [602]	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘																																																								
2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	[603] _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5	[609] _____ Code	8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? [624] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? <i>Ask if items 8a and/or 8b are marked "Yes" –</i> [625] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No How much did . . . receive in Supplemental Security Income checks altogether? [626] \$ _____ .00																																																								
3. In the weeks that . . . worked, how many hours did . . . usually work per week?	[604] _____ Hours per week	6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. [610] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b What was the amount of income received before any deductions? [611] \$ _____ .00 b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? [612] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c What was the amount of income or loss after expenses? [613] \$ _____ .00 [614] 1 <input type="checkbox"/> Loss c. Income or loss from . . . 's own farm? [615] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 What was the amount of income or loss after expenses? [616] \$ _____ .00 [617] 1 <input type="checkbox"/> Loss	9. What was the gross amount of . . . 's last pay and what period of time did this cover? <i>Ask items 9–12 only if item 6a is marked "YES".</i> <i>If 6a is marked "No," go to item 13a.</i> [627] \$ _____ .00 [628] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month																																																								
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[618] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? [619] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "YES" marked in items 7a and/or 7b?</i> [620] 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? [621] \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? [622] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? [623] _____ Number	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 15%;">Amount</th> </tr> </thead> <tbody> <tr> <td>10. Was there any money deducted from . . . 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Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part A		<i>FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i>			
1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i>	PROCESSING USE ONLY	601	3		
	a. NAME				
	b. LINE NUMBER	602			
2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.		603	_____ Weeks	<input type="checkbox"/> Did not work - Go to item 5	
3. In the weeks that . . . worked, how many hours did . . . usually work per week?		604	_____ Hours per week		
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <i>Enter one code.</i> Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces		605 _____ Code			
b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A FEDERAL government employee? 3 - A STATE government employee? 4 - A LOCAL government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?		607 _____ Code		<i>Ask if code 5 and not a farm - Is the business incorporated?</i>	
		608		<input type="checkbox"/> Yes <input type="checkbox"/> No	
					5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘
				609 _____ Code	
					6. During the past 12 months, did . . . receive any money in - a. Wages or salary? <i>Include commissions, tips, Armed Forces pay and allowances.</i> What was the amount of income received before any deductions? b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?
				610 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 6b	
				611 \$ _____ .00	
				612 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 6c	
				613 \$ _____ .00	
				614 <input type="checkbox"/> Loss	
				615 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 7	
				616 \$ _____ .00	
				617 <input type="checkbox"/> Loss	
					7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? b. From Railroad Retirement checks?
				618 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				619 <input type="checkbox"/> Yes <input type="checkbox"/> No	
					c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "YES" marked in items 7a and/or 7b?</i>
				620 <input type="checkbox"/> Yes - Go to item 7d <input type="checkbox"/> No - Go to item 8a	
				621 \$ _____ .00	
				622 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				623 _____ Number	
					8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <i>Ask if items 8a and/or 8b are marked "Yes" -</i> How much did . . . receive in Supplemental Security Income checks altogether?
				624 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				625 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				626 \$ _____ .00	
				627 \$ _____ .00	
				628 <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Other - Specify ↘ <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Twice a month	
					9. What was the gross amount of . . . 's last pay and what period of time did this cover? <i>Ask items 9-12 only if item 6a is marked "YES".</i> <i>If 6a is marked "No," go to item 13a.</i>
					10. Was there any money deducted from . . . 's last pay for - <i>If YES - How much was deducted?</i>
				629 <input type="checkbox"/> Yes <input type="checkbox"/> No	630 \$ _____ .00
				631 <input type="checkbox"/> Yes <input type="checkbox"/> No	632 \$ _____ .00
				633 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				634 <input type="checkbox"/> Yes <input type="checkbox"/> No	635 \$ _____ .00
				636 <input type="checkbox"/> Yes <input type="checkbox"/> No	637 \$ _____ .00
				638 <input type="checkbox"/> Yes <input type="checkbox"/> No	639 \$ _____ .00
				640 <input type="checkbox"/> Yes <input type="checkbox"/> No	
					11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? <i>Ask if item 10c or 10g is marked "Yes" -</i>
				641 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				642 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				643 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				644 \$ _____ .00	
					12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?
				645 <input type="checkbox"/> Records <input type="checkbox"/> No records used	
					13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? <i>Exclude rollovers.</i> b. <i>Ask if item 13a is marked "Yes" -</i> How much?
				645 <input type="checkbox"/> Records <input type="checkbox"/> No records used	
					14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.</i>

Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part A FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.

1. FIELD REPRESENTATIVE ITEM PROCESSING USE ONLY Enter the first name and line number of each CU member 14 years old and over.		601 4	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify <input checked="" type="checkbox"/>		8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Ask if items 8a and/or 8b are marked "Yes" - How much did . . . receive in Supplemental Security Income checks altogether? 626 \$ _____ .00																																							
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			d. What was the amount of the last Social Security or Railroad Retirement payment received? 621 \$ _____ .00		13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																							
			e. Is this amount AFTER the deduction for a Medicare premium? 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		b. Ask if item 13a is marked "Yes" - How much? 644 \$ _____ .00																																							
			f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 623 _____ Number		14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13. 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used																																							

Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part A		<i>FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i>	
1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	601 5 602	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘
2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	603 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	609 _____ Code	8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" - How much did . . . receive in Supplemental Security Income checks altogether? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 626 \$ _____ .00
3. In the weeks that . . . worked, how many hours did . . . usually work per week?	604 _____ Hours per week	605 _____ Code	9. What was the gross amount of . . .'s last pay and what period of time did this cover? Ask items 9-12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Enter one code. Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces	605 _____ Code	6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b What was the amount of income received before any deductions? 611 \$ _____ .00 b. Income or loss from . . .'s own nonfarm business, partnership, or professional practice? 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c What was the amount of income or loss after expenses? 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss c. Income or loss from . . .'s own farm? 615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 What was the amount of income or loss after expenses? 616 \$ _____ .00 617 1 <input type="checkbox"/> Loss	10. Was there any money deducted from . . .'s last pay for - If YES - How much was deducted? a. Federal income tax? 629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 630 \$ _____ .00 b. State and local income tax? 631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 632 \$ _____ .00 c. Social Security including Medicare? 633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Railroad Retirement? 634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 635 \$ _____ .00 e. Government Retirement? 636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 637 \$ _____ .00 f. Private pension fund? 638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 639 \$ _____ .00 g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck? 640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A FEDERAL government employee? 3 - A STATE government employee? 4 - A LOCAL government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?	607 _____ Code Ask if code 5 and not a farm - Is the business incorporated? 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b? 620 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? 621 \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 623 _____ Number	11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Ask if item 13a is marked "Yes" - How much? 644 \$ _____ .00 14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13. 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used

Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part A		<i>FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i>		
1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	601 6 602	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘	8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <small>Ask if items 8a and/or 8b are marked "Yes" -</small> How much did . . . receive in Supplemental Security Income checks altogether? 626 \$ _____ .00
2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.		603 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	609 _____ Code	9. What was the gross amount of . . .'s last pay and what period of time did this cover? <small>Ask items 9-12 only if item 6a is marked "YES".</small> <small>If 6a is marked "No," go to item 13a.</small> 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month
3. In the weeks that . . . worked, how many hours did . . . usually work per week?		604 _____ Hours per week	6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b What was the amount of income received before any deductions? 611 \$ _____ .00 b. Income or loss from . . .'s own nonfarm business, partnership, or professional practice? 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c What was the amount of income or loss after expenses? 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss c. Income or loss from . . .'s own farm? 615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 What was the amount of income or loss after expenses? 616 \$ _____ .00 617 1 <input type="checkbox"/> Loss	10. Was there any money deducted from . . .'s last pay for - <small>If YES - How much was deducted?</small> a. Federal income tax? 629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 630 \$ _____ .00 b. State and local income tax? 631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 632 \$ _____ .00 c. Social Security including Medicare? 633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Railroad Retirement? 634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 635 \$ _____ .00 e. Government Retirement? 636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 637 \$ _____ .00 f. Private pension fund? 638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 639 \$ _____ .00 g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck? 640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <small>Show Information Booklet, page 44</small> <small>Enter one code.</small> Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces	605 _____ Code	7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM <small>Is "YES" marked in items 7a and/or 7b?</small> 620 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? 621 \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 623 _____ Number	11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Ask if item 13a is marked "Yes" - How much? 644 \$ _____ .00	
b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A FEDERAL government employee? 3 - A STATE government employee? 4 - A LOCAL government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?	607 _____ Code <small>Ask if code 5 and not a farm - Is the business incorporated?</small> 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			14. FIELD REPRESENTATIVE CHECK ITEM <small>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.</small> 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used

Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part A		<i>FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i>			
1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	601 7 602	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘	609 _____ Code	8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? <i>Ask if items 8a and/or 8b are marked "Yes" –</i> How much did . . . receive in Supplemental Security Income checks altogether? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 626 \$ _____ .00
2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	603 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5	604 _____ Hours per week	6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 611 \$ _____ .00 b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses? 615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 616 \$ _____ .00 617 1 <input type="checkbox"/> Loss	9. What was the gross amount of . . . 's last pay and what period of time did this cover? <i>Ask items 9–12 only if item 6a is marked "YES".</i> <i>If 6a is marked "No," go to item 13a.</i> 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	
3. In the weeks that . . . worked, how many hours did . . . usually work per week?	4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <i>Enter one code.</i> Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		605 _____ Code	10. Was there any money deducted from . . . 's last pay for – <i>If YES – How much was deducted?</i> a. Federal income tax? 629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 630 \$ _____ .00 b. State and local income tax? 631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 632 \$ _____ .00 c. Social Security including Medicare? 633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Railroad Retirement? 634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 635 \$ _____ .00 e. Government Retirement? 636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 637 \$ _____ .00 f. Private pension fund? 638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 639 \$ _____ .00 g. <i>Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</i> 640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A FEDERAL government employee? 3 – A STATE government employee? 4 – A LOCAL government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	607 _____ Code <i>Ask if code 5 and not a farm – Is the business incorporated?</i> 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "YES" marked in items 7a and/or 7b?</i> 620 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? 621 \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 623 _____ Number	11. <i>Ask if item 10c or 10g is marked "Yes" –</i> Does the money deducted for Social Security cover only the Medicare portion of Social Security? 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. <i>Ask if item 13a is marked "Yes" –</i> How much? 644 \$ _____ .00 14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</i> 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used	

Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part B – Ask for entire CU as a group	FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask these items for the entire CU as a group.																																
<p>1. During the past 12 months, did you (or any members of your CU) receive income from any of the following –</p> <p>a. Income from unemployment compensation? If YES – What was the total amount received by ALL CU members?</p> <p>b. Income from worker’s compensation or veteran’s benefits including education benefits, but excluding military retirement? If YES – What was the total amount received by ALL CU members?</p> <p>c. Income from public assistance or welfare including money received from job training grants such as Jobs Corps? If YES – What was the total amount received by ALL CU members?</p> <p>d. Income from interest on savings accounts or bonds? If YES – What was the total amount received by ALL CU members?</p> <p>e. Regular income from dividends, royalties, estates, or trusts? If YES – What was the total amount received by ALL CU members?</p> <p>f. Income from pensions or annuities from private companies, military, or Government, IRA, or Keogh? If YES – What was the total amount received by ALL CU members?</p> <p>g. Net income or loss from any type of rental of rooms or living units? If YES –</p> <p>(1) How much net income or loss was received from roomers or boarders?</p> <p>(2) How much net income or loss was received from payments from other rental units?</p> <p>h. Income from child support? If YES –</p> <p>(1) Did you receive a one time lump sum payment for child support? If YES – What was the total amount received by ALL CU members in last 12 months?</p> <p>(2) Did you receive any child support payments in other than a lump sum amount? If YES – What was the total amount received by ALL CU members in last 12 months?</p>	<p>701 1 <input type="checkbox"/> Yes COMP 2 <input type="checkbox"/> No – Go to item 1b</p> <p>702 \$ UNEMPX .00</p> <p>703 1 <input type="checkbox"/> Yes WORK COMP 2 <input type="checkbox"/> No – Go to item 1c</p> <p>704 \$ WRKRSX .00</p> <p>705 1 <input type="checkbox"/> Yes PA WELFA R 2 <input type="checkbox"/> No – Go to item 1d</p> <p>706 \$ WELFRX .00</p> <p>707 1 <input type="checkbox"/> Yes INT 2 <input type="checkbox"/> No – Go to item 1e</p> <p>708 \$ INTX .00</p> <p>709 1 <input type="checkbox"/> Yes DIV 2 <input type="checkbox"/> No – Go to item 1f</p> <p>710 \$ DIVX .00</p> <p>711 1 <input type="checkbox"/> Yes PENSION 2 <input type="checkbox"/> No – Go to item 1g</p> <p>712 \$ PENSIONX .00</p> <p>713 1 <input type="checkbox"/> Yes RENTAL 2 <input type="checkbox"/> No – Go to item 1h</p> <p>714 \$ ROOMX .00</p> <p>715 0 <input type="checkbox"/> None ROOMLOSS 1 <input type="checkbox"/> Loss</p> <p>716 \$ OTHRNTX .00</p> <p>717 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Loss OTHLOSS</p> <p>718 1 <input type="checkbox"/> Yes CHDSUP 2 <input type="checkbox"/> No – Go to item 1i</p> <p>719 1 <input type="checkbox"/> Yes CHDLMP 2 <input type="checkbox"/> No – Go to item 1h(2)</p> <p>720 \$ CHDLMPX .00</p> <p>721 1 <input type="checkbox"/> Yes CHDSPOTH 2 <input type="checkbox"/> No – Go to item 1i</p> <p>722 \$ CHDOTHX .00</p>	<p>i. Income from regular contributions from –</p> <p>(1) Alimony?</p> <p>723 1 <input type="checkbox"/> Yes A LIMSUP 2 <input type="checkbox"/> No</p> <p>(2) Other sources such as from persons outside the CU?</p> <p>724 1 <input type="checkbox"/> Yes OTHCONT 2 <input type="checkbox"/> No</p> <p>If YES – for item i(1) or i(2) – Altogether what was the total amount received by ALL CU members?</p> <p>725 \$ ALIOTHX .00</p> <p>2. During the past 12 months, did you (or any members of your CU) receive any –</p> <p>a. Lump sum payments from estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU? If YES – What was the total amount received by ALL CU members?</p> <p>726 1 <input type="checkbox"/> Yes LUMP 2 <input type="checkbox"/> No – Go to item 2b</p> <p>727 \$ LUMPX .00</p> <p>b. Money from the sale of household furnishings, equipment, clothing, jewelry, pets or other belongings, excluding the sale of vehicles or property? If YES – What was the total amount received by ALL CU members?</p> <p>728 1 <input type="checkbox"/> Yes SALE 2 <input type="checkbox"/> No – Go to item 2c</p> <p>729 \$ SALEX .00</p> <p>c. Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children? If YES – What was the total amount received by ALL CU members?</p> <p>730 1 <input type="checkbox"/> Yes OTHIN 2 <input type="checkbox"/> No – Go to item 3</p> <p>731 \$ OTHINX .00</p> <p>3. During the past 12 months, did you (or any members of your CU) receive any refunds from the following – If YES – What was the total amount received by ALL CU members?</p> <p>a. Federal income tax?</p> <p>732 1 <input type="checkbox"/> Yes FEDREF 2 <input type="checkbox"/> No</p> <p>733 \$ FEDREFX .00</p> <p>b. State and local income tax?</p> <p>734 1 <input type="checkbox"/> Yes STA TREF 2 <input type="checkbox"/> No</p> <p>735 \$ STA TREFX .00</p> <p>c. Overpayment on Social Security?</p> <p>736 1 <input type="checkbox"/> Yes SSREF 2 <input type="checkbox"/> No</p> <p>737 \$ SSREFX .00</p> <p>d. Insurance policies?</p> <p>738 1 <input type="checkbox"/> Yes INSREF 2 <input type="checkbox"/> No</p> <p>739 \$ INSREFX .00</p> <p>e. Property taxes?</p> <p>740 1 <input type="checkbox"/> Yes PTAXREF 2 <input type="checkbox"/> No</p> <p>741 \$ PTAXREFX .00</p> <p>f. Other sources, including any other taxes?</p> <p>742 1 <input type="checkbox"/> Yes – Specify <input type="checkbox"/> OTHREF</p> <p>743 \$ OTHREFX .00</p>	<p>4. During the past 12 months, did you (or any members of your CU) pay any – If YES – What was the total amount paid by ALL CU members?</p> <p>a. Federal income tax in addition to that withheld from earnings?</p> <p>744 1 <input type="checkbox"/> Yes A DDFED 2 <input type="checkbox"/> No</p> <p>745 \$ A DDFEDX .00</p> <p>b. State and local income tax in addition to that withheld from earnings?</p> <p>746 1 <input type="checkbox"/> Yes A DDSTA 2 <input type="checkbox"/> No</p> <p>747 \$ A DDSTA X .00</p> <p>c. Personal property taxes not reported elsewhere?</p> <p>748 1 <input type="checkbox"/> Yes TAX PROP 2 <input type="checkbox"/> No</p> <p>749 \$ TAX PROPX .00</p> <p>d. Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed.</p> <p>750 1 <input type="checkbox"/> Yes – Specify in Notes on page 18 2 <input type="checkbox"/> No</p> <p>751 \$ A DDOTHX .00</p> <p>5. During the past 12 months, did you or any member of your CU have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits? If YES – What was the total amount of these occupational expenses?</p> <p>752 1 <input type="checkbox"/> Yes OCCEX PN 2 <input type="checkbox"/> No</p> <p>753 \$ OCCEX PN X .00</p> <p>6a. During the past 12 months, have any members of your CU received any free meals at work as part of their pay?</p> <p>754 1 <input type="checkbox"/> Yes FREEMEA L 2 <input type="checkbox"/> No – Go to item 7a</p> <p>b. About what was the weekly dollar value of such meals?</p> <p>755 \$ FREEMLX .00</p> <p>c. How many weeks did members of your CU receive such meals during the past 12 months? If CU owns this unit – Go to item 8a.</p> <p>756 MEALWKI Number of weeks</p> <p>7a. Did you or any members of your CU receive any free or reduced rent for this unit as a form of pay during the past 12 months?</p> <p>757 1 <input type="checkbox"/> Yes RTA SPA Y 2 <input type="checkbox"/> No – Go to item 8a</p> <p>b. What is the rental charge to another tenant for a similar unit?</p> <p>758 \$ RTCOMPX .00</p> <p>c. What period of time does this cover?</p> <p>759 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> 2 Weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Other – Specify <input type="checkbox"/> RTCMPD</p> <p>8a. During the past 12 months, have any members of your CU received any Food Stamps?</p> <p>760 1 <input type="checkbox"/> Yes REC_FS 2 <input type="checkbox"/> No – End interview</p> <p>b. In how many of the past 12 months were Food Stamps received?</p> <p>761 FS_MTHI Number of months</p> <p>9a. In the past month, have any members of your CU received any Food Stamps?</p> <p>762 1 <input type="checkbox"/> Yes FD_STMPS 2 <input type="checkbox"/> No – End interview</p> <p>b. When were Food Stamps received? List all dates on which stamps were received during the past month.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">b</th> <th colspan="3" style="text-align: center;">c</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>763</td> <td>FS_DATE</td> <td></td> <td>766</td> <td>FS_A MT</td> <td>.00</td> </tr> <tr> <td>764</td> <td></td> <td></td> <td>767</td> <td></td> <td>.00</td> </tr> <tr> <td>765</td> <td></td> <td></td> <td>768</td> <td></td> <td>.00</td> </tr> </tbody> </table> <p>c. What is the dollar value of the Food Stamps received on (Date in 9b)?</p>	b			c			Month	Day	Year	Month	Day	Year	763	FS_DATE		766	FS_A MT	.00	764			767		.00	765			768		.00
b			c																														
Month	Day	Year	Month	Day	Year																												
763	FS_DATE		766	FS_A MT	.00																												
764			767		.00																												
765			768		.00																												

Table X — Determining if an Additional Living Quarters Qualifies as an EXTRA Unit

Start Here (1)	AREA SEGMENTS		PERMIT SEGMENTS	UNIT SEGMENTS		SEPARATENESS		NUMBER OF EXTRA UNITS
	(2)	(3)	(4)	Single Unit (5)	Multi-Unit (6)	(7)	(8)	(9)
Check the listing sheet. Is the address of the additional living quarter already listed?	Are the additional living quarters within the area segment boundaries?	Are the additional living quarters in a group quarters?	Are the additional living quarters within the same structure and within the same space (See Footnote 1) occupied by the original sample unit?	Are the additional living quarters within the basic address (house number and street name) of the original sample unit?	Are the additional living quarters within the same space (See Footnote 1) occupied by the original sample unit? and Are the additional living quarters the result of a split apartment?	Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?	Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?	Have you found more than 3 EXTRA units?
<input type="checkbox"/> Yes – Stop Table X. <input type="checkbox"/> No – Go to column (2), (4), (5) or (6) depending on segment type.	<input type="checkbox"/> Yes – Go to column (3). <input type="checkbox"/> No – Stop Table X; do not interview.	<input type="checkbox"/> Yes – Stop Table X; do not interview. <input type="checkbox"/> No – Go to column (7).	<input type="checkbox"/> Yes – Go to column (7). <input type="checkbox"/> No – Stop Table X; do not interview.	<input type="checkbox"/> Yes – Go to column (7). <input type="checkbox"/> No – Stop Table X; do not interview.	<input type="checkbox"/> Yes to both questions – Go to column (7). <input type="checkbox"/> No to either question – Stop Table X; do not interview.	<input type="checkbox"/> Yes – Go to column (8). <input type="checkbox"/> No – Not a separate unit. Stop Table X. Include additional living quarters with the original unit and continue interview.	<input type="checkbox"/> Yes – An EXTRA unit. Go to column (9). <input type="checkbox"/> No – Not a separate unit. Stop Table X. Include additional living quarters with the original unit and continue interview.	<input type="checkbox"/> Yes – Call your RO for instructions on which units to interview. Then, enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2) <input type="checkbox"/> No – Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2)

FOOTNOTES:
 1 – Occupation of the "same space" occurs if a housing unit has been split into two or more separate housing units.
 2 – If you determine that you have found an EXTRA unit at a single unit address in a UNIT segment (yes in column (5)), you must prepare an INTER-COMM and fill out a BLANK listing sheet listing each unit at the address.

NOTES

17. RECORD OF TRAVEL TIME												PERSONAL CONTACT CODES			
<i>Record travel time and enter reason code for personal contact from list of personal contact codes to the right.</i>															
Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY				
1	Began	832 VISIT	833	5	Began	840	841	9	Began	848	849	<p style="margin: 0;">4 - Personal visit to collect data</p> <p style="margin: 0;">5 - Personal visit to schedule appointment</p> <p style="margin: 0;">6 - Other personal visit</p> <p style="margin: 10px 0;">DIARY PICKUP APPOINTMENTS</p> <p style="margin: 0;">Month/Date _____ Time _____ a.m. p.m.</p> <p style="margin: 0;">Week 1 _____ a.m. p.m.</p> <p style="margin: 0;">Week 2 _____ a.m. p.m.</p> <p style="margin: 0;">Field Representative name _____ Field Representative code _____</p> <p style="margin: 0;">NOTES _____</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">_____</p>			
	TM_TRV				Ended				Ended					Ended	
2	Began	834	835	6	Began	842	843	10	Began	850	851				
	Ended				Ended				Ended					Ended	
3	Began	836	837	7	Began	844	845	11	Began	852	853				
	Ended				Ended				Ended					Ended	
4	Began	838	839	8	Began	846	847	12	Began	854	855				
	Ended				Ended				Ended					Ended	
5	Began	832	833	5	Began	840	841	9	Began	848	849				
	Ended				Ended				Ended					Ended	
18. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME															
Activity	Time						OFFICE USE ONLY								
	1st		2nd		3rd		Total minutes								
	Began	Ended	Began	Ended	Began	Ended									
Interviewing	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	856	TM_INTER							
Field Representative review	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	857	TM_REV							
Office edit	a.m. p.m.	a.m. p.m.					858	TM_EDIT							